

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

MICHAEL TODD GRIFFITH  
ELIA DIANNE GRIFFITH  
Debtor(s)

Case No. 08-30604

---

**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 11/10/2008.
- 2) The plan was confirmed on 01/30/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 07/29/2010.
- 5) The case was completed on 10/05/2010.
- 6) Number of months from filing to last payment: 23.
- 7) Number of months case was pending: 26.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$38,389.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$27,953.04
Less amount refunded to debtor	\$5,540.51

**NET RECEIPTS:** **\$22,412.53**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$1,874.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$1,184.69
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:** **\$3,058.69**

Attorney fees paid and disclosed by debtor: \$1,626.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ANESTHESIA CONSULTANTS	Unsecured	50.00	NA	NA	0.00	0.00
ARMOR SYSTEMS	Unsecured	1,337.00	NA	NA	0.00	0.00
CENTER FOR WOMEN'S HEALTH<	Unsecured	800.00	NA	NA	0.00	0.00
CERTIFIED SERVICES INC	Unsecured	138.00	NA	NA	0.00	0.00
CERTIFIED SERVICES INC	Unsecured	140.00	NA	NA	0.00	0.00
CITIBANK	Unsecured	2,050.00	NA	NA	0.00	0.00
CITIBANK	Unsecured	1,200.00	NA	NA	0.00	0.00
CITY OF ZION	Unsecured	100.00	NA	NA	0.00	0.00
COMCAST	Unsecured	400.00	NA	NA	0.00	0.00
COMCAST	Unsecured	175.00	NA	NA	0.00	0.00
COMED LEGAL REVENUE RECOVERY	Unsecured	275.00	415.70	415.70	415.70	0.00
COUNTRYWIDE HOME LOANS	Unsecured	15,000.00	NA	NA	0.00	0.00
COUNTRYWIDE HOME LOANS	Unsecured	NA	NA	NA	0.00	0.00
ECAST SETTLEMENT CORP	Unsecured	700.00	668.55	668.55	668.55	0.00
ENH RADIOLOGY	Unsecured	1,300.00	NA	NA	0.00	0.00
FINGERHUT CREDIT ADVANTAGE	Unsecured	700.00	NA	NA	0.00	0.00
GMAC PAYMENT CENTER	Unsecured	NA	5,205.22	5,205.22	5,205.22	0.00
GMAC PAYMENT CENTER	Secured	10,000.00	10,000.00	10,000.00	10,000.00	651.82
GREAT LAKES CREDIT UNION	Unsecured	7,750.00	NA	NA	0.00	0.00
GURNEE RADIOLOGY CENTER	Unsecured	430.00	NA	NA	0.00	0.00
HSBC	Unsecured	4.00	NA	NA	0.00	0.00
IL BONE & JOINT INSTITUTE	Unsecured	485.00	NA	NA	0.00	0.00
ILLINOIS DEPT OF HUMAN SVCS	Unsecured	5,200.00	219.76	219.76	219.76	0.00
JACQUETTE ERICKSEN	Unsecured	1,000.00	NA	NA	0.00	0.00
LAKE SHORE ORTHOPAEDICS	Unsecured	4,470.00	NA	NA	0.00	0.00
MEDICAL BUSINESS BUREAU	Unsecured	225.00	NA	NA	0.00	0.00
MIDWESTERN HOSPITAL	Unsecured	1,000.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	550.00	151.24	151.24	151.24	0.00
ROUNDUP FUNDING LLC	Unsecured	1,250.00	957.67	957.67	957.67	0.00
SBC AMERITECH	Unsecured	650.00	NA	NA	0.00	0.00
SWEDISH COVENANT HOSPITAL	Unsecured	50.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
THE CHICAGO DEPT OF REVENUE	Unsecured	150.00	NA	NA	0.00	0.00
VICTORY MEMORIAL HOSPITAL	Unsecured	1,200.00	NA	NA	0.00	0.00
VISTA MEDICAL CENTER	Unsecured	75.00	1,083.88	1,083.88	1,083.88	0.00

**Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$10,000.00	\$10,000.00	\$651.82
All Other Secured	\$0.00	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$10,000.00</b>	<b>\$10,000.00</b>	<b>\$651.82</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$8,702.02</b>	<b>\$8,702.02</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$3,058.69</u>
Disbursements to Creditors	<u>\$19,353.84</u>
<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$22,412.53</u></b>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 01/20/2011

By: /s/ Glenn Stearns

---

Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.